

**Housing Authority of the County of Los Angeles  
Shelter Plus Care  
Client Progress Report  
(Quarterly Review)**

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31

Provide information in relation to the supportive services received (i.e., benefits, success, new/less supportive services needed and why?)

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Home Visit: Please document client's housekeeping skills.

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Concerns? ☐ Yes ☐ No (If Yes, document concern(s) and what actions have been taken to remedy the condition)

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Case Manager's Signature/Date

Participant's Signature/Date

Address:

Address:

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Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Next Quarterly Review Scheduled for: \_\_\_\_\_  
mm/dd/yy

(APPENDIX D)

**S + C SUPPORTIVE SERVICES MATCH QUARTELY TRACKING FORM**

NAME OF SERVICE PROVIDER: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

| YES                                      | SERVICE OR REFERRAL                  | HOURS | RATE | MATCH \$ |
|--|--------------------------------------|-------|------|----------|
|  | a. Outreach                          |       |      |          |
|  | b. Case Management/Care Coordination |       |      |          |
|  | c. Intensive Day Treatment/Therapy   |       |      |          |
|  | d. Life Skills Training              |       |      |          |
|  | e. Alcohol and Drug Abuse Services:  |       |      |          |
|  | f. Mental Health Service             |       |      |          |
|  | 1. Hospitalization                   |       |      |          |
|  | 2. Other                             |       |      |          |
|  | g. AIDS Related Services             |       |      |          |
|  | h. Health Care                       |       |      |          |
|  | 1. Clinic                            |       |      |          |
|  | 2. Other                             |       |      |          |
|  | i. Education (GED or Other)          |       |      |          |
|  | j. Employment Services               |       |      |          |
|  | 1. Job Training Enterprises          |       |      |          |
|  | 2. Other                             |       |      |          |
|  | k. Child Care                        |       |      |          |
|  | l. Children Services                 |       |      |          |
|  | m. Residential Management Services   |       |      |          |
|  | n. Follow-up (transitional housing)  |       |      |          |
|  | o. Crisis Bed                        |       |      |          |
|  | p. Representative Payee Services     |       |      |          |
|  | q. Food Pantries                     |       |      |          |
|  | r. Other:                            |       |      |          |
| <b>TOTAL SUPPORTIVE SERVICES MATCH =</b> |                                      |       |      |          |

I verify in accordance with Federal reporting guidelines that the above information is accurate correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature